

## Sue Currin Appointed to Top Nursing Post



Sue Currin, RN, left retirement to join DHS as chief nursing officer and director of the Office of Nursing Affairs. With years of safety net experience under her belt, she's a mission-driven practitioner and nursing practice champion who sees greater roles for nurses in DHS care models. She talked to us about her plans at DHS and the teamwork culture vital to the success of the organization.

While at Kaiser, I learned about managed care, health plans and hospital systems. I eventually went back to SF General in the CNO role and stayed.

### What interested you in the job here?

I retired from SF General Hospital and quite honestly I got bored and felt it was time to rejoin to workforce. I heard about the opportunity in LA County and came down for a visit to see the culture and how the system viewed the nursing profession. I was impressed with how committed the organization was to nursing practice and professional development. The department expressed an interest in exploring system changes to enhance patient care with a major role for nursing. It was that combination of factors that attracted me to the position.

### How important is culture in considering a job?

Very important. I look for alignment between my person-

(See 'CNO' on back)

## A Message From the Director



Mitch Katz, MD

I'm writing to you from my seat on a 737 flying to Washington, DC. This is the annual Board of Supervisor's advocacy trip.

This year's trip feels particularly compelling. I feel very protective of the gains we have made in DHS. Almost every day I see something that didn't exist 6 and a half years ago that is currently in place to help our patients: housing projects, a sobering center, community health workers, an electronic health record, an electronic referral system, user-friendly phone systems, and so much more. We could not have made this transformation without the ACA and so it hurts me when people talk about repealing the coverage initiative that made these changes possible. So my job is to help policy makers in Washington understand what we have been able to do in Los Angeles because of the ACA. When I believe in something — and I deeply believe in the work we do at DHS — I fight hard. Wish me luck. Best wishes.

High Quality  
Patient Centered  
Cost-Effective Health Care

From Dr. Katz

FAST FACTS

## EConsult Increases Timely Access to Specialists, Study Finds

The results of a 3-year study conducted by the Department of Health Services and the Harvard T.H. Chan School of Public Health find that the "eConsult" platform is a sustainable intervention for improving access to specialty care for underserved patients. The study was published in the March issue of *Health Affairs* and is the first large-scale, longitudinal study of its kind.

"Our results provide some of the first evidence on population-level patterns of specialist utilization in a health system with a mature, large-scale eConsult system," says Paul Giboney, DHS director of specialty care. "The implementation of this system suggests that even in a large, underserved urban population, specialty access is not an intractable problem."

Lack of timely access to specialty care is a significant problem for disadvantaged populations served by DHS, which implemented eConsult in 2012. By 2015, the system was in use by over 3,000 primary care providers, and 12,082 consultations were taking place per month, compared to 86 in the third quarter of 2012.

Among the study findings, the median time to an electronic



**eConsult**  
Access to information. Access to care.

(See 'eCONSULT' on back)



# Mental Health Campaign Targets Underserved Communities

By Kathleen Piche, DMH



The Los Angeles County Department of Mental Health (DMH) is promoting early intervention for Spanish-speaking and Native American individuals living with mental illness including depression, co-occurring substance use and primary health issues. The Metropolitan Transportation Authority campaign began on March 1 and will run for 14 weeks. The ads feature a Latino family and Native American individuals conveying the message that mental illness affects one in four people and provides contact information for assistance, including a 24/7 hotline number. The Native American ads target depression, anxiety and underscore the fact that historical trauma

affects Native Americans today. Like other underserved communities, the Latino population in Los Angeles County often does not seek help until a crisis occurs. For both groups, the stigma associated with mental illness and getting help prevents many from seeking the services they need. Inclusion and respect toward all individuals receiving treatment for mental health-related issues encourages fair, equitable, effective, voluntary treatment and housing services that lead to recovery. The campaign is part of an ongoing outreach program to educate the County’s diverse populations about mental health issues and DMH resources to help them.

(‘CNO’)

al mission and the mission of the organization. I want to be part of an organizational culture that respects its workforce, puts patients first and embraces innovation. I am a nurse first and it is critical for me to work in a patient centered environment that is committed to meeting the healthcare needs of the community.

**What are a few of your priorities?**

Having a seat at the executive table and giving a strong voice to nursing practice is a priority. I want to make sure nursing is aligned with the strategic priorities of DHS and contributes to moving those priorities forward. I also want to focus on scope of practice and nursing development. We have great talent in DHS and are a stronger system when we leverage the expertise of nurses at all of our different sites. It is important that we take advantage of system talent to benefit the patient.

**How is the nursing profession evolving?**

We are certainly seeing the growing trend of nurse-led clinics and better utilization of advanced-practice nurses in healthcare. More nurses are involved in decision-making at the executive level. Front-line nurses are playing a bigger role in influencing system change to improve patient care. These are all exciting changes for nurses.

**What are some challenges you are bracing for?**

We know the next nursing shortage is going to hit us in the early 2020’s and we need to prepare. More nurses are retiring and the nursing profession has aged faster than other professions. I want to put together a recruitment and retention plan so we can stay on top of future nursing shortages. Beyond that, I am a strong believer in team building and know that nurses and providers can do great things together. I also think it is important for nursing leadership to spend time in the work areas so they understand what staff need in order to provide quality patient care.

**Do you have plans to support academic career growth?**

I believe it is critical to build strong affiliations with nursing schools that offer advanced nursing degrees. I would like to see us offer onsite classes and accelerated programs to support nurses who are looking to advance while working full time. We are also going to look at funding streams through grants for tuition reimbursement assistance, national certification and advancement of nursing practice.

**How is your adjustment to L.A. going?**

It’s only been a few weeks, but I’m enjoying the vibrant downtown area and having fun exploring the food scene, especially in Little Tokyo. L.A. offers a lot, I’m excited to be here.

# LAC+USC Hosts Journalists



LAC+USC Medical Center hosted a visit for USC Annenberg School of Communication healthcare journalism fellows on Monday, March 6. The fellows toured the Emergency Department and participated in a discussion on the changing healthcare environment and the expected impact on public hospitals. The Fellowship for California-based journalists focuses on the future of health care reform and innovation with an in-depth look at how community conditions influence individuals' prospects for health. Each Fellow receives a \$1,000 stipend to assist with the costs of reporting an ambitious Fellowship project on a California health issue, as well as six months of mentoring by a Senior Fellow. The Fellowship is underwritten by The California Endowment and the Blue Shield of California Foundation.

## ACGME Approves 28-Hour Shifts for Interns

New requirements starting July 1 will allow first-year residents to work up to 28-hour shifts. Currently, interns are restricted to 16-hour shifts. All doctors in training will still be limited to working 80-hour work weeks, averaged over four weeks. The ACGME adopted limits on resident hours in 2003 and imposed further limits in 2011. The revised requirements return first-year residents to the same schedule as other residents and fellows. The cap for first-year residents will return to 24 hours, with up to four additional hours to manage care transitions. The new requirements “reinforce a culture of patient safety and physician well-being in residency training programs by strengthening the focus on patient-centered, team-based care,” said an ACGME press release. Proponents say the new rules will enhance physician education and reduce hospital need to hire more staff to do the work performed by physicians in training. Critics point to the risk for patient harm by exhaustion caused by long shifts.

(‘eCONSULT’)

response from a specialist was one day, and 25 percent of eConsults were resolved without needing a specialty visit. The study also revealed cost benefits, as the median time to a specialist appointment decreased over the study period without the need for DHS to increase specialist staffing. The eConsult technology creates a secure online connection between primary care providers (PCPs) and specialists. When PCPs send a request for a specialist consult, the platform ensures that all necessary information is provided - allowing for a more qualified peer-to-peer consultation. For patients who are referred to a specialist, appointment wait times are decreased and the initial visits are more informed. The study was supported by the California Health Care Foundation and the Blue Shield Foundation of California. To read the study, please visit: <http://content.healthaffairs.org/content/36/3/492.abstract?=&right>